

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PROCESS FOR PREPARING PURIFIED FATTY ACIDS**

the specification of which:

☐ is attached hereto, and/or

☒ was filed on 05 July 2004 as Application Ser. No. PCT/EP04/007501

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment referred to above. All factual statements made in the specification of my own knowledge are true and all factual statements made on information and belief are believed to be true.

I acknowledge to the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

			<u>Priority Claimed</u>	
<u>03077167.9</u>	<u>Europe</u>	<u>10 July 2003</u>	<u> X </u> Yes	<u> </u> No
(Number)	(Country)	(Day/Month/Year)		

I hereby claim the benefit under Title 35, United States Code § 119 of any provisional application(s) listed below:

60/502,936	United States	16 September 2003
Appl. Ser. No.	Country	Day/Month Year

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appln. Ser. No.)	Filing Date)	(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following as my attorneys of record, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office:

Louis A. Morris, Reg. No. 28,100
Ralph J. Mancini, Reg. No. 34,054
Lainie E. Parker, Reg. No. 36,123

F. Aaron Dubberley, Reg. No. 41,001
David H. Vickrey, Reg. No. 30,697

Direct all correspondence to:

Ralph J. Mancini
Akzo Nobel Inc.
Intellectual Property Department
7 Livingstone Avenue
Dobbs Ferry, NY 10522-3408
(914) 674-5465

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor, if any **Franz-Josef TE BAAY**

Inventor's signature _____

Date _____

Residence **Rees, Germany**

Citizenship **German**

Post Office Address **Zum Marschfeld 6, 46459 Rees, Germany**

Full name of second joint inventor **Holger RIEMENSPERGER**

Inventor's signature _____

Date _____

Residence **Illertissen, Germany**

Citizenship **German**

Post Office Address **Dietenheimer Strasse 19b, 89251 Illertissen, Germany**

Full name of third joint inventor **Ingo MENSINK**

Inventor's signature _____

Date _____

Residence **Ochtrup, Germany**

Citizenship **German**

Post Office Address **Daimlerweg 4, 48607 Ochtrup, Germany**

Full name of fourth joint inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fifth joint inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____